

## Past Employment Verification

I hereby authorize you to release the following information to SWIFT TRANSPORTATION  
(Prospective Employer)  
for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

### ALL DATES OF EMPLOYMENT, INCLUDING GAPS, MUST BE COMPLETED BEFORE APPLICANT CAN BE EMPLOYED!

Applicant's Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Their Position: \_\_\_\_\_

1. Dates employed – from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ Voluntary termination ☐ Forced Termination ☐

2. Job Title: \_\_\_\_\_

( ) Company Driver ( ) OTR ( ) Single ( ) Tractor Trailer ( ) Van Reefer

( ) Owner Operator ( ) OTR Short Trips ( ) Team ( ) Straight Truck ( ) Flatbed

( ) Other \_\_\_\_\_ ( ) Local ( ) Student ( ) Other \_\_\_\_\_ ( ) Tanker

3. Reason for leaving? \_\_\_\_\_ 4. Transmission Type: ( ) Manual ( ) Automatic

5. Would you rehire? Yes ☐ No ☐ If no, why not? \_\_\_\_\_

6. Number of accidents? (Get as much detailed information as possible). Total number of accidents? \_\_\_\_\_

Date	Nature of Accident	DOT Reportable	Preventable	Non-Preventable	Injuries	Fatalities	Cost

### PAST DRUG AND ALCOHOL TEST RESULTS

The above named individual has advised us that he/she worked for your company or that he/she applied to your company for work during the previous three (3) years. The Federal Motor Carrier Safety Regulations (FMCSR 382.413 (a)(b)(c)(e)(f) require us to obtain from your company, and require your company to provide us information concerning the above named applicant's past drug and alcohol test results (including refusals to be tested).

- |                                                                                                                                                                                                                            |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Has this person tested positive for a controlled substance in the last three (3) years?                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three (3) years?                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Has this person refused a required test for drugs in the last three (3) years?                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has this person violated other DOT drug/alcohol regulations?                                                                                                                                                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you received information from a previous employer that this person violated DOT drug and alcohol regulations?                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Within the last three (3) years, has this person tested positive or refused any drug or alcohol test conducted under the authority of your company, independent of the DOT or FMCSA requirements (Company Policy Test)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

Signature of Preparer: \_\_\_\_\_ Print Last Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_